

Patient-Centered Medical Home Stakeholder Council

Meeting Minutes

December 18, 2013

St. Peter's Hospital Administrative Conference Room, Helena, and by phone

**Members present**

**Dr. Jonathan Griffin - Chair**, St. Peter's Hospital

**Dr. Joe Sofianek**, Bozeman Deaconess Health Group

**Paula Block**, Montana Primary Care Association

**Dr. Larry Severa**, Billings Clinic

**Dr. Janice Gomersall**, Community Physicians Group, Mountain View Family Medicine and Obstetrics

**Dr. Jay Larson**, South Hills Internal Medicine

**Carla Cobb**, RiverStone Health

**Todd Lovshin**, PacificSource Health Plans

**Dr. Thomas H Roberts**, Montana Health CO-OP

**Mary Noel**, Medicaid Division, Department of Public Health & Human Services

**Jane Smilie**, Public Health and Safety Division, Department of Public Health & Human Services

**S. Kevin Howlett**, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes

**Lisa Wilson**, Montana Family Link

**Rep. Ron Ehli**, State of Montana (Ad Hoc Member)

**Patty Estes**, for Dr. Monica E Berner, Blue Cross Blue Shield Montana

**Members absent**

**Dr. Jeffrey Zavala**, St. Vincent's Hospital

**Sen. Mary Caferro**, State of Montana (Ad Hoc Member)

**Interested parties present**

**Sue Weingartener**, Montana Optometric Association

**Todd Harwell**, Public Health and Safety Division, Department of Public Health & Human Services

**Marti L. Wangen**, Montana Podiatric Medical Association

**Linda Edquist**, Montana Academy of Family Physicians

**Janice Mackensen**, Mountain Pacific Quality Health

**Dr. Gary Mihelish**, NAMI Helena President

**Kristin Pete**, Glacier Medical Associates

**Brianne Streck**, St. Vincent's

**John Butz**, Pfzier

**Jody Haines**, Providence Medical Group

**Kim Van White**, New West

**Mike Foster**, Catholic Hospitals

**Dr. Jonathan Weisul**, Allegiance

**Pam Cox**, Butte Community Health Center

**Aaron Turner**, URAC

**Mona Sweeney**, AAAHC

**Kelly Gallipeau**, Kalispell Regional Medical Center

**CSI Staff Present**

Amanda Eby

Christina Goe

Emily Samhammer – Minutes recorder

Welcome, announcements, roll call, agenda review, and approval of minutes

CSI staff took roll call of the meeting attendees. Dr. Griffin reviewed agenda for meeting, and minutes from last meeting. Dr. Larson motioned to approve the minutes, and Mary Noel seconded the motion. The motion carried unanimously.

Discussion on metrics to demonstrate outcomes from PCMH

Dr. Griffin introduced the topic of quality metrics. During the previous council, tracking metrics to measure outcomes had been discussed. With the pending sunset provision on the PCMH law, the council agreed that the value of PCMH needs to be demonstrated to the public and the legislature through outcomes. In the previous council meeting, DPHHS had offered to assist with tracking certain metrics. Dr. Griffin and CSI had met with DPHHS to further discuss these metrics since the meeting.

Jane Smilie presented possible state-specific measures for PCMH. The presentation can be found [here](#). She introduced five simple metrics which PCMHs can track: hypertension in adults, tobacco cessation for cigarette smokers who are women of child-bearing age, age-appropriate immunization for children aged 3 years, and control of A1C levels in adults with diagnosed diabetes. They proposed a statistically sound method for tracking data. The packet can be found [here](#). The council reviewed the information.

Todd Harwell offered resources which DPHHS has from CDC for clinics to focus on blood pressure and A1C control, as well as information from the state's immunization clinics and tobacco quit line. The resources can be found [here](#).

The council discussed the importance of tracking metrics which demonstrate improvements in health and cost-savings. They discussed the challenges of data collection, aligning measures reported to CSI with measures reported to accrediting agencies, making sure the measures tracked are measures they would want insurers to compensate them for, and making sure that the measures tracked could show PCMH-specific improvement.

Subcommittee established for discussion between payers

There was discussion that the council needed to look at what payers were monitoring, and what they would be interested in compensating PCMHs for. It was agreed there needs to be some consistency among the payers in regard to certain standards, data-sharing, and policies/contracts.

Dr. Griffin proposed a subcommittee of payers to discuss current PCMH standards and future plans including who is PCMH eligible, what the payment model looks like, what measures the group is interested in from a business perspective, and uniformity among PCMH metrics.

Todd Lovshin motioned to create the subcommittee and Dr. Larson seconded. The motion carried. Interested payers included Allegiance, New West, Medicaid, Co-Op, BCBS, and Pacific Source. The council agreed to encourage other payers to participate and to reach out to the self-insureds.

DPHHS quality metrics endorsed, subcommittee created to discuss metrics further

There was discussion on the quality metrics proposed by DPHHS. The discussion included: the limited number of women of childbearing age in certain practices and the need to expand smoking cessation to more individuals, pediatric health, tracking by facility or provider, how tracking is done in other parts of

country, and the initial metrics not being set into stone. The committee expressed a need to review the metrics and reporting process in greater detail.

Dr. Griffin proposed that the council adopt blood pressure, A1C, tobacco cessation, and child immunizations as the initial metrics to look into tracking and reviewing. Dr. Larson motioned to adopt those measures and Dr. Roberts seconded the motion. The motion carried unanimously.

Dr. Griffin proposed that a subcommittee be established to review the four quality metrics and coordinate with the accrediting agencies to align certain measurements. Dr. Roberts moved and Dr. Larson seconded a motion to create a quality metrics subcommittee. The motion carried unanimously. The subcommittee members are Jane Smillie, Paula Block, Janice Mackensen, Dr. Sofianek, Lisa Wilson, John Butz, Dr. Roberts, Dr. Griffin, Marie Hamilton from Bozeman Deaconess, and other interested parties.

The council discussed the need to determine the tracking of the quality metrics quickly because a baseline would be needed for the March 2015 initial report required by administrative rules.

Lisa Wilson motioned that the council would officially state its commitment to working and collaborating with DPHHS so goals don't work against each other, Dr. Griffin seconded the motion. The motion carried unanimously.

#### Update on NASHP

Amanda Eby shared with the council that CSI had received a technical assistance grant to help implement a multi-payer PCMH program in Montana. Last March, Dr. Sofianek, Dr. Roberts, Mary Noel, and Amanda traveled to Denver for NASHP's kick-off meeting for the learning collaborative, and the group has had regular calls with NASHP speakers since then to discuss different issues. The council was invited to participate in those calls and propose future ideas for discussions. NASHP tentatively planned a site visit to Montana during the February stakeholder council, and will help facilitate a meeting to discuss payment models. NASHP has been helpful with sharing their knowledge through the technical assistance grant, as the committee expressed appreciation for its help bringing Dr. Paul Grundy to Montana. There will be a NASHP meeting in New Orleans which Dr. Griffin, Mary Noel, and Amanda Eby will attend. The grant only funds a few spots but if additional people would like to go they are welcome to pay their own way.

#### Committee opened to public comment

Dr. Gary Mihelish of NAMI commented. Gary Mihelish is a retired dentist who currently serves as a member of the National Board of NAMI, as the president of NAMI Helena. He said that the PCMH discussion was important to the individuals he advocates for. He shared that individuals with mental illness live on average 53-55 years, in part because of complications with medication, obesity, cardiovascular disease, and diabetes. He also shared that while individuals with mental illness amount to 6% of the population but consume 44% of tobacco products. Dr. Mihelish said that he was the chair of the Montana Mental Health Trust, and they just gave out grants of approximately \$70,000-\$100,000 to the FQHC in Missoula to implement behavioral and primary care programs to implement depression screening in their facility.

Council discusses topics for future meetings, meeting adjourned.

The committee discussed a tentative schedule for upcoming meetings: a workforce issues discussion in January with Kris Juliar, a discussion on payment models facilitated by NASHP in February with all payers, and a presentation on medication management by Carla Cobb in March.

Meeting adjourned at 2:54.